



&

**Reading LINK**  
Local Involvement Network

# Home Care Users Research Project

## Phase I Summary Report -

August to November 2012

## **Summary**

In August 2012, Reading Borough Council (RBC) and Reading Local Involvement Network (LINK) started on a programme of interviews with users of home care services. The purpose was gain a better understanding of what people wanted and expected from these services, how home care services could best protect people's dignity, and what support home care users might need to overcome social isolation.

23 interviews were carried out in the first phase of the project. Most of the users interviewed were satisfied or extremely happy with their care, and gave positive feedback about their carers. However, some themes emerged around areas where services could be improved.

### **Timeliness**

Most service users had experienced late calls without being kept informed about delays, and some had experienced the inconvenience of calls earlier than expected.

### **Length of visit**

Although most people felt their home carers had enough time to do what was needed, there were some instances of service users feeling rushed by their carer.

### **Consistency of care staff**

Service users had a strong preference for seeing the same carer or small group of carers most of the time. Where there were frequent changes, users found it hard to build up a rapport with their carers, and often found that care time was taken up with the user having to explain how they liked things done.

### **Care agencies / back office staff**

Home care service users often need to have contact with the agency's office, and the way office staff treat users is an important factor in their overall satisfaction with a home care service.

### **Care workers**

People offered mostly positive feedback about individual carers but also some examples of poor service. Users' experiences of home care services were generally most positive when care workers offered some flexibility, were professional in their approach and appearance, and handled confidential information appropriately.

There was wide variation in how much social contact people had and in how much social contact they wanted. The interviews were an opportunity to give people information about activities and services, but those people who weren't getting out of the house very much at all indicated they would need to have further discussions about the support available before feeling confident to try new things.

## Introduction

The Home Care Users Research Project has been developed jointly by Reading Borough Council (RBC) and Reading Local Involvement Network (LINK). The quality of home care provision has been identified as a priority issue for both organisations to explore, and each has a particular perspective to bring to this research.

Reading LINK's role is to give communities a stronger voice in how their health and social care services are delivered. In response to community feedback, LINK took a focus on home care services in Reading and the quality of care people receive. Questions have been raised with LINK in particular about how carer travel time is arranged and what impact this has on users' experience of the service.

Reading Borough Council commissions home care services on behalf of people eligible for Adult Social Care support. The Council also has responsibilities to the wider community to help keep vulnerable adults safe and also informed about what services are available to them. RBC has developed a framework (DASL) to set standards for home care and is committed to working with residents and service users in how it monitors services and seeks to drive up quality.

RBC and LINK also have a shared interest in how services generally meet the needs of people who may be socially isolated. There is growing evidence<sup>1</sup> that isolation and loneliness can put people's health at risk, and a growing expectation from communities that this is recognised in how services for elderly and other vulnerable adults are planned. People who use home care services often fall into high risk groups for experiencing loneliness<sup>2</sup>, so the Home Care Users Research Project has provided an opportunity to ask what support particularly vulnerable people would need to enjoy more social contact.

### Agreed Objectives

1. To develop an understanding of the priorities and aspirations for home care services, from its users.
2. To gain a better understanding of what 'dignity' means to individuals, particularly in the context of home care services.
3. To develop an understanding of the key factors that may lead to social isolation of home care users.

---

<sup>1</sup> Holt-Lunstad – *Loneliness and Longevity: meta-analytical data examining the influence of social connections on mortality risk*

<sup>2</sup> *Close to Home: an enquiry into older people and human rights in home care* – Equality & Human Rights Commission [2011]

## **What is home care?**

Home care - sometimes called domiciliary care or home help - involves care workers visiting people in their own homes to give them help and support. Care workers can help with personal care needs, such as washing and getting dressed, and practical tasks such as preparing snacks or heating meals. Home care is one of the services which can be arranged for people who are eligible for Adult Social Care support from the local authority - although people who are not eligible for Adult Social Care can also buy this service independently.

RBC commissions approximately 13,500 home care calls per week equating to 8,000 hours of care. Home care calls are booked for completion of specified tasks, such as “support Mrs A to have lunch” or “support Mr B to get ready for bed”. How long these tasks take may vary from day to day, usually depending on how well and able the service user is feeling. However, rotas are organised on the basis of how much time will be needed on average to carry out the tasks specified. Users will typically have calls of different lengths throughout the week - from 15 minute ‘check’ calls, through to calls lasting several hours.

## **How are home care services put in place for Adult Social Care users?**

Most home care services in Reading are provided through independent agencies. The main exception to this is Intermediate Care (including Reablement, Rapid Response and Palliative Care). The Intermediate Care service includes home carers employed by RBC working alongside health and social care staff. Intermediate Care consists of short and tailored therapeutic packages to maximise independence - typically after an illness or injury - and it lasts for up to 6 weeks (free of charge).

If someone is eligible for ongoing support at the end of Intermediate Care - which could include home care services - this is now arranged by the local authority through the Self Directed Support (SDS) system. Under SDS, people can opt for a Notional Budget which means in effect they ask the Council to buy in services on their behalf. The alternative is they can opt for a Direct Payment which means they will be supported by the Council to buy the services they need themselves.

In 2010, Reading Borough Council set up the Domiciliary Care Accredited Select List (DASL) to set standards for home care services. Home care providers are only accepted onto the DASL after satisfying the Council they meet certain requirements, and DASL providers are then banded on the basis of a combination of quality and price ratings. Where the Council arranges a home care service (through a Notional Budget) it will always choose a DASL rated provider. People who purchase their own home care

support (via a Direct Payment) are encouraged to choose from the DASL list, but can choose a non DASL provider. DASL bandings are published on the RBC website so that people who make care arrangements entirely independently can also draw on this information.

## Other feedback on home care

At a national level<sup>3</sup>, there is emerging evidence about the particular vulnerability of people reliant on home care services, and the obstacles they may face to raising concerns. Locally, issues have been raised through user forums about the quality and consistency of home care services. However, home care users themselves often find it difficult to attend forums or take part in group discussions because of their health conditions so this feedback has been largely second hand.

From 2012, RBC has committed to carrying out an annual survey of all home care users.<sup>4</sup> The 'Your Home Care Service' survey invites users to indicate their satisfaction with home care services generally, and then to rate their service across a range of functions (support with personal hygiene, nutrition, home cleaning etc) and a range of customer care issues (timeliness, courtesy and respect shown by staff, cultural sensitivity etc).

To supplement the survey findings with more qualitative data, over the period April to October 2012 all Adult Social Care users who have home care as part of the support they receive were also invited to take part in the Home Care Users Research Project.

---

<sup>3</sup> *Close to Home: an enquiry into older people and human rights in home care* – Equality & Human Rights Commission [2011]

<sup>4</sup> Findings from the first survey will be available early in 2013.

## Methodology

At the outset, RBC and LINK agreed on a series of desired outcomes from this project.

1. The development of performance indicators for home care services (in addition to existing indicators and particularly focused on customer care / dignity / respect) which can be incorporated into the Domiciliary Care Accreditation Select List. This will enable RBC to publish information which helps people choose between providers on factors that matter to them, and provide data on these issues which can be used to drive up performance.
2. Being able to specify more accurately the criteria for services commissioned to combat social isolation in vulnerable adults.
3. Generating best practice examples of how and when people feel they are supported in a respectful way.
4. Identifying issues, which could be supported through the timebank projects to be piloted in Reading as part of the Adult Social Care prevention agenda.
5. Greater involvement of service users in the shaping of local services.

Both partners were keen to allow home care users to offer feedback from their own perspective rather than prejudging the issues which users would prioritise. There was also a strong desire to understand home care experience in the context of what other services and support people had available to them. A script was therefore developed to frame semi structured interviews, i.e. capturing agreed key points but with considerable scope to include further information.

Open questions were used to encourage the interviewees to draw on any experience they considered relevant to the issues being considered, i.e. what would make the experience of home care support as positive as possible, and what would make the optimum level of social contact a reality. Service users were asked to map out the support and social contact they have in a typical week and then describe the best and worst aspects from their individual perspectives. Interviewees were prompted to include their experiences of home care services in their responses if these services weren't mentioned spontaneously.

All interviews took place in users' homes at their convenience. Each interview was carried out jointly by an RBC officer and a LINK worker or volunteer. Users had the option of having a friend or relative sit in on the interview to assist them in answering. At the conclusion of each interview, service users were offered information or further support to take up socialisation opportunities. The interviewers were often able to identify services which might be appropriate for individuals based on the information shared in the course of the interview about the service user's interests and priorities.

Interviews are ongoing, and subsequent reports will be issued later this year, giving some opportunity to compare trends over time.

Profiles of the user group interviewed for Phase I of this project and of the overall population of home care service users known to RBC are summarised at Appendix I.

## Findings from the Home Care Users Interviews

Of the service users interviewed for this phase of the project, the majority (83% or 19/23) are satisfied with their Home Care, with a few users extremely happy with the care they receive. It was evident from their feedback that the care they get has a great impact on people's lives. Primarily, they have said it helps them stay independent and in their own home. For some, the care also helps support members of their family by simply giving them a break for a short while or helping them to manage things other family members are unable to do for them. In the cases of some of the more vulnerable and isolated people we interviewed, their care workers are often the only people they will see and so it is an opportunity for social contact.

*I value the independence I can enjoy from having a bit of extra help to manage things around the home. I've had the same agency for 2 years and am happy with them. I get a sheet through telling me in advance who to expect and they try to phone to let me know if there are any changes.*

*I value all aspects of the services I receive; particularly the fact they come everyday*

*Carers can do things for me and it gives my wife a break*

*I value everything they do; I wouldn't be able to look after my wife without the home care services. It gives me peace of mind knowing that my wife is being looked after*

*I value the fact that they will always send someone to see me. Sometimes this might even be the manager if no one else can get to me. I am able to depend on them*

*I think my mum found it strange at first but it is good to give her a break.*

*My son helps with various things but I don't feel comfortable having him help me with personal care*

*I wouldn't talk that much if I didn't have homecare provided, they are some of the few people I see*

However, even when generally satisfied with the care they received, users identified some areas for improvement from experiences of when things had not gone so well. Their concerns fell into five broad categories:

1. Timeliness of homecare visits
2. The length of a homecare visit
3. Consistency of care staff
4. Care agency/back office staff
5. The homecare staff or care workers themselves

## 1. Timeliness of homecare visits

Of the users interviewed, only 39% (9/23) had positive comments to make about the timing of visits. The majority spoke negatively about the timing of the visits, mostly about the time they were visited and the lateness of the call.

Some people explained that there were practical reasons why they needed their home care call to happen when it was arranged. These included having timed their medication so as to be ready for a particular care task to be given at a particular time, needing to moderate fluid intake if waiting for a carer to change a continence pad, or simply being available when the carer arrived rather than in the middle of something else. For other people, the most significant issue was the anxiety they felt if their home carer didn't arrive when expected, particularly if they didn't know why.

With daytime calls, the issue was usually one of carers arriving after the time when they were expected. However, with the evening calls a number of people raised the issue of carers arriving too early so users were then expected to be settled into bed well before they felt ready. Concern about early bedtime calls also spread beyond people currently having an evening call. Some of the people currently receiving daytime calls were only worried about being forced to cut their days very short if they need bedtime help in the future.

*Sometimes they ring to say the carer will be late but more often they do not.*

*I feel the agency try to cut corners as they have become too big.*

*Times in evening vary widely. I asked for calls between 8pm and 9pm. Once they turned up at 6.30pm, which was far too early for me to go to bed. On one occasion office staff had lied by saying that I had asked for carer to come earlier when this had not happened. On three occasions in the last two months nobody has turned up in the evening, without explanation. My husband has complained to the provider. When a complaint is made it improves for a while and then deteriorates again. My husband thinks it could be due to poor rotas and staff travelling to clients all over Reading.*

*The care workers are good but they are often late. I have complained and they now ring more often to say they are going to be late but this doesn't always happen. They can be anything from 30 to 40 minutes late.*

*I feel there is plenty of scope for improvement. Timekeeping could be better. Carers do not call when they are going to be late. One carer came early, did not apologise and I was washing at the time. One carer put a letter through the door saying that she couldn't get a reply and was notifying the office. However, there was no ring of the bell or door knocking, no checking of other means of access and I had no contact from the office. This meant I could have been left on the floor all day.*

*The carers usually arrive on time. However, when they are late they have never called. They have never been more than 20 minutes late.*

*My previous carers were supposed to be at the house for half an hour but would only stay for 10-15 minutes*

*I had one 'bedtime' carer who came at 7:15pm once. That was far too early and I was in the middle of doing some family history research. I sent her away and called her office about this. She came back at 8pm and was perfectly pleasant.*

*Things in the morning used to be really bad when carers didn't turn up; it was terrible 4-5 years ago. I used to phone and find where they were; this caused me a lot of anxiety. Communication was poor, and when they were running late they wouldn't inform me. However now a timetable is provided detailing who comes in when and they are usually always on time. This is delivered via post on Saturday or Monday and it is often the same two workers. When workers cannot make it I am informed by telephone. I have noticed at certain times of the year the carer is off more often, schools holidays in particular as the carer has children.*

*Nobody rings to say if they are going to be late. The care workers say sorry when they arrive, but I never hear from the management.*

*The agency doesn't always ring when they are late, have only rung a couple of times. It throws me off my routine, which is unsettling.*

*The first agency I used was appalling. I asked for an 8am call. On the first day they arrived at 9am. This is important as it disrupts the routine of my day. My wife has had to cancel an appointment with the GP one time because they were late.*

*Sometimes what I want is not possible. For example, I would like home care visits around 21.30, however, this is not possible due to lack of staff and people not wanting to work late. When the care worker comes early in the evening (around 20.00) I then have to carry on with the rest of the evening in my dressing gown, which can be an inconvenience when I want to water the plants and it also means I miss some evening meetings at the church.*

*I feel the timing of my home care visits could be better as at the moment I have to fit in with the times they provide rather than when I actually want them to visit. This was hard to adjust to in the beginning.*

*I feel that if care workers know that the services user is alone at home then they should let them know what time they will be arriving at the house as being elderly and alone in a house can make you feel vulnerable when you are waiting around for the care worker to show up.*

*Sometimes they can arrive up to half an hour late, and I am not prepared, as I have to finish what I am doing before they can begin their job and this eats into their time with me. However, the majority of the time, the care worker stays longer until all tasks are completed.*

*I feel the care my father receives is rushed and this causes him stress which often affects him for the rest of the day.*

*The agency carers were always late. They also seemed to disappear.*

*We used to pay for care ourselves but are now eligible for help with care costs and this has made a difference (carers have time to do what they need and are on time). We don't need to have a carer in the evening at the moment but feel reluctant to use this service as we know others who have evening carers who come early to get people ready for bed and we don't want my husband to be sitting in his pyjamas during the evening in case we get any callers.*

*The morning care call is the most important because of the dress and washing services. I considered night time care but was put off by stories of 5 o'clock bedtimes. My wife cares for me as well and I would rather keep agency care down to a minimum.*

*Door locking times used to be tricky; care workers do come on time now. Before, care workers would attend when they were in the area, as it would save them coming back again. They would get me ready for bed at 6pm sometimes. When I challenged them they responded by saying they cannot come back so I gave in. "You either have it now or don't have it at all"*

*I picked an agency others in the building were using. It means if my care worker is late I can check with my neighbours whether they've had their visit. It's a way I have of making sure I've not been forgotten.*

Several service users were at pains to point out that they appreciate there could be good reasons why a care worker gets held up - from traffic problems to needing to take extra time with another service user - but most felt that they should get a call to explain if this happens. However, only 26% (6/23) users commented that they always received notification of a change in timing. Practice on keeping service users informed seemed to vary a great deal. Those service users who felt they could rely on their home care agency to let them know if their care worker would be late appreciated this.

*If the care worker is going to be late, the company will call to inform me, and I will get more information from the care worker when they arrive. If the care worker can't be present, they will call or the company will ring to inform me.*

*My carers are usually on time now. If they're 10-15 minutes late, I understand that can happen because of the buses.*

*The care workers always turn up on time and prepared. They always let me know when they are going to be late.*

*Previously my care company used to be bad at time keeping, but now it's very good. They call if they are going to be late. I don't need a printed schedule, as I am confident the care workers will be prompt.*

*He will always phone if he cannot make the call. This tends to happen in the evenings.*

*Care worker now gets there as soon as possible, and when requested to get there early they do.*

*If my care worker is running late, she is easily contactable and contacts me to let me know, she is usually late when a previous client has delayed her*

*I get a sheet through telling me in advance whom to expect and they try to phone to let me know if there are any changes.*

*I understand that it is difficult for care workers and agency if staff is sick or on leave. It is understandable but annoying.*

## **2. The length of a homecare visit**

People had a range of views about whether their care workers spent enough time with them, although most were satisfied with this. People generally talked about this in terms of having enough time to do what needed to be done rather than absolute blocks of time.

*They can manage all the tasks in the time allocated, especially the regular morning carers.*

*The length of time I'm allocated is sufficient/enough.*

*I feel I have enough time with the carers at the moment as they are only doing check calls.*

*They always have time for me and I never feel rushed.*

Several service users explained how they disliked having someone who seemed rushed or would rush the service user. Some people felt they were expected to do quite a lot to prepare for their home care visit so the care worker could get through everything in the time allocated. There were also some negative comments about perceived 'clock-watching' by a care worker.

*I am sometimes able to cancel my home care service at lunchtime, if I manage, but I am still supposed to have support to use the toilet.*

*The care workers don't give my daughter enough time. They are usually rushed. This is especially a problem on days when my daughter needs a bath. They usually leave her with wet hair as it takes a long time to clothe her, meaning there is no time to dry her hair. Care workers should make sure everything is ready for my daughter's day, for example, ironing her clothes, but they don't have enough time to do this*

*There was one care worker who did her job properly and was never rude but always seemed in such a rush. Then she'd sit down and write her notes for 10 minutes at the end of the visit, leaving me wondering why I'd been so rushed if she could find time for that. Some of the carers who seem to work more slowly actually get a lot done in a short space of time. I find it easier to do things with their help if I'm more relaxed.*

*I don't feel like I get enough time with the care worker, I feel rushed, because of this the care worker has adjusted the times and I am happy with these adjustments. The 15-minute visit did appear set in stone before this change. The care worker made these adjustments, not the office or me. Previously care workers have tried to tell me that 15 minutes is plenty of time*

*I recently had a visit from one of the care provider managers. I explained that due to my medical condition, I occasionally have trouble getting into bed. This needs to be timed correctly with my medication, as its effects mean I can move about more freely. Therefore the timing of the evening call is critical, otherwise I can get stuck in the chair or on the side of the bed and not be able to get into bed. I have a ½ hour call in the evening and the manager said that if the ½ hour was not enough time for me occasionally, then the provider could not cope with this. I was not happy about this as felt if this was the case the providers were then able to 'cherry pick' which clients they could provide care too and this would not include the more difficult complex cases. So I contacted social services, who basically seemed to agree with what the provider had said, however the next day social services called to confirm that they had spoken to the provider and if on occasion an extra ½ hour was required, the provider could accommodate that. I then also received two more calls from the provider to confirm this.*

*Evening call - bit of time watching by care worker*

### **3. Consistency of care staff**

Home care service users expressed a very strong preference for having the same carer or same few carers most of the time. This means they can build up a relationship with their carers and they get to know one another. In some cases where users are not able to articulate themselves well, having the same carers meant they did not have to constantly explain how they liked things done. 65% (15/23) of users commented on seeing the same carers.

For some service users, the time they spend with their home carers represents a significant proportion of their regular social interaction and being able to chat to their carer is very important to them. Other service users have other support and social networks, e.g. through friends, neighbours and family, and for them consistency of carer is seen as a more practical issue. When the service user and care worker know one another, it's generally easier for both of them to manage care tasks - especially personal care when it can be important to understand how much mobility and flexibility the service user has, for example. New or replacement carers seem to be heavily reliant on the service user to explain what needs to be done and how, so changes in which care worker visits can eat into the time available for actual delivery of the home care support.

Some agencies send out rotas in advance so service users know which carer to expect over the course of a week or a fortnight. Some people appreciated this. Others tended not to look at the rota very often - either

because it didn't matter to them which of a small group of carers they saw on a day-to-day basis, or because they'd found the rota was very often subject to change.

Service users were very accepting of the need for alternative carers to cover sickness and holidays, but looking for as much consistency as possible the rest of the time. Users' perception of the reliability of their service seemed to be very much based on their sense of having particular carers they could depend on rather than being based on their overall view of the agency which is supplying the carers.

*They need to let me know what's happening. They have sent a different carer without letting me know and I refused to give them the key safe number and let them in because I didn't know them.*

*Only one guarantee - same carer comes every Friday mid-day for Gaming session*

*I find it challenging not knowing the person who will come to care*

*It's important to have the same carers. It's difficult to talk through everything with new carers. It's good to have people who are familiar with what needs to be done.*

*I feel it is very important to have the same care worker. I have seen quite a few care workers but I have one regular care worker at present that I trust.*

*I expect a new/different care worker on a regular basis as the company has a very high turn over. This means I do not get a chance to build a strong relationship with them.*

*I have a visit at 7am now. They don't tell me in advance whom I'm going to get, but people do work regular days so I generally know who to expect. The long weekends can be scary, I feel very alone and knowing I had somebody familiar coming would help.*

*The bedtime call is the most important one for me and I time my medication around it, but that isn't always communicated. If I get a new care worker, I have to explain to them how they need to fold the bedclothes so that I don't get too hot and can pull them up with my grabber, as it gets colder. I start getting myself ready for bed before the care worker is due when I can, but if they're late my legs seize up and I'm left stuck on the side of the bed. It's not usually a problem when I have my regular care worker who understands, but new ones don't realise why I need them to be on time.*

*My previous care worker was great. Care workers who understand my routine can get through things more efficiently. I resent having to pay for a longer call just because someone's not used to me.*

*I've been in Reading 8 years now, and I think I've seen about a million care workers.*

*Every month or so a care worker cannot make it, so they send someone to say they*

*are not coming in today. It can be a bit unsettling when the care agencies send someone else but all of the replacements have been very nice.*

*I have two ladies providing care, but not the same all the time. I do see new faces coming in which my husband finds difficult, especially when he has just become used to the old ones.*

*The biggest issue for me is that I see different people. A mixture of council staff and a care agency provide my care. It is a 'guessing game' over who is going to come. I don't know the names of the agencies. I feel it would be better to have regular care workers as they would get to know me and my needs better.*

*When I changed agencies they were inconsistent in timekeeping. Different carers every day, I didn't know who was going to turn up at the door. I wrote to the agency to complain and they didn't reply. The complaint did not immediately change anything.*

*Sometimes a different person than who was scheduled will turn up. I am not told about this change. There is poor communication between the care worker, the office and me.*

*I do not mind seeing different carers but my favourite carers are the ones I see in the morning, they know my needs and I see them every morning and they have worked together as a team for five years.*

*Having the same carer each day is very important. Different people would not work as they do and not offer continuity, which is important.*

*I don't always have the same staff, but I am sent a list of who will be arriving on what day so I know whom to expect.*

*I pick my own carers now and the social worker is helping me work out how much to pay. I started with the new arrangements about a month ago. There's just a few who take it in turns and I know them.*

*The care worker makes a difference to how good the relationship is. A good service would be if the company would ask if you would mind if someone else coming.*

*Getting the same carer helps me understand them and them understand me*

*I get a schedule for a two-week period, showing who should be attending. I use the schedule and know the face of the person attending*

*Evening care workers differ nearly every night but they are all good.*

#### **4. Care agencies/back office staff**

It became clear during the course of these interviews that service users often need to have a good relationship with the home care agency's office as well as with the individual care workers who visit. Although practice

varies, it is generally the agency office staff that take responsibility for keeping users informed about changes or delays. It would also generally be the office staff that would deal with a user request to change their care package in some way, or respond to complaints.

*If I speak to one of the managers I tend to have the person I don't want more often*

*Although the service from the office is not good I do not want to change, as the care workers are very good.*

*Communication is a problem most of the time. I see this as less to do with the actual care workers but more to do with the office staff and their timetable. They won't tell me about changes to the timetable, which I have mentioned to them. The uncertainty about the timetable also means that I cannot take in as much water as I want as I am conscious of needing to avoid passing too much urine before someone arrives to change my pad. However attendance is not seen as a problem with the staff as they always turn up*

*The agency does not always regard the user*

*Care staff is excellent, but the problem is the office.*

*My care agency is OK on the phone*

*If I don't get on with a care worker, I have tried to contact the company to change the care worker on the schedule and have found that if I speak directly to the care agency the schedule is changed*

*I recently had a falling out with a care worker, so I asked them not to send her again which they've done. This particular carer had been supporting me for over a year and we had a disagreement about changing a pad. She refused due to health & safety.*

*It's important to me that the office staff is helpful as well as the care workers*

## **5. The homecare staff or care workers themselves**

Most of the positive comments heard during the interviews were about the care workers themselves, 87% (20/23) said that the care workers that provide their care were good and they were happy with the care they delivered.

*They treat me with respect and how I would like to be treated. They are professional, kind and caring. Most of the care workers know me and will try to fit in with my needs regarding time of calls.*

*Home Care staff is brilliant. Morning team especially. They turn up on time and have worked together for 5 years - they know my needs and I trust them.*

*I get on really well with one of my care workers as we share interests*

*I have two care workers that I see one at a time. Both are very good, both are considerate and treat me, as I would want to be treated.*

*I have one regular care worker who is very good. He is only 19 years old and is polite, quiet, and attentive and notices things. He will do things beyond what is asked from him. He knocks on the door quietly. He noticed that the hallway was getting dirty with people's shoes so the next day he took his shoes off. He is also a good listener.*

*I value my care workers, as without them I would struggle to get washed and dressed. I value them because they do not look down their noses at me and I am able to maintain my dignity. They anticipate what I will need and make me feel important*

*The 3am call is really consistent. I alternate between just two carers. They're very careful not to make any noise, which would disturb the other residents. They used to drive down the last part of the drive without headlights because some residents found the lights disturbed them, but they now use a keysafe in the car park.*

*I feel they treat me well and respect my dignity.*

*I'm quite happy with the care workers I have now. We have a bit of a laugh. Everybody gets days when their moods aren't so good - me too, especially since my head injury. If they leave me for a while and then talk to me again later, we're alright.*

*I've found people I can trust now. I tell them if they don't want to carry on they should just tell me and I'll employ someone else*

*On the whole both care workers are really good; they are both different but likeable characters that provide good body language. The shower service they provide is particularly thorough which is relevant because it prevents bedsores. Most of the time they provide me with respect and dignity.*

*Care workers attitude is good, they have never been rude. They all refer me as Ms X.*

*I think it is important to be talked to as a normal person, in some cases people seem to talk above me, it seems to me that people don't want to talk to a person in a chair. Most people however do treat me with respect and talk to me as a normal person.*

*I honestly think that care workers do care.*

*I see lots of foreign care workers especially Romanian, I have found they provide better care than English care workers.*

*I feel the staff are trained appropriately to look after my husband and that they treat him with respect and dignity.*

*All the care workers are very friendly; I have a good relationship with them all.*

*The staff is very easy to contact if I need to ask them about something or change something to my routine. I am very happy and pleased with all the staff and the jobs they do.*

*Care worker is excellent. She is very personable. I don't feel embarrassed with the care worker at all*

*Generally feel the care workers are very good they ask if there is anything else they can do.*

*I appreciate all the work they do. I feel that the care workers want to do the job.*

*Generally speaking they are pretty good. One in particular is very nice; she adds personal touches such as bringing in home cooking.*

*Care workers from the council knew patients and their limitations, they should be proud of the staff who provide this care.*

*I felt so weak after four weeks in hospital, but I rose to challenges set by the care workers, for example I was told that within four weeks I would be in the kitchen making a meal. I needed that confidence boost and challenge. I achieved this and was proud, they gave me ideas such as sitting on a stool in kitchen to cut vegetables, and I still do that now.*

*Care workers went the extra mile. They would always ask me how I was and nothing was too much trouble.*

*Interaction between care workers was fantastic, if I needed something in the afternoon, it would be there by evening, as visiting care worker would pass on details to next care worker coming in.*

*Absolutely superb even though I am a difficult man to please. One of care worker's husband died of the same condition, but she was excellent, it was good to speak to someone who had been there.*

*Having a good rapport is very important. I feel comfortable around my home care workers. They always treat me respectfully and offer privacy.*

*Care workers are kind are caring but once again it depends on their experience, I find that new carers may be less tidy as they are not yet used to the job.*

*My care agency is fantastic-they are very pleasant, go the extra mile and maintain my dignity.*

*They will do anything and don't refuse. Even buy me a copy of the TV times when requested! Over the last 5 years I have got to know them well and they have bought the children around too.*

*The care workers watch television with me when they don't have to.*

*I feel that the care workers are aware that the individual is important.*

*I receive a copy of the schedule so I know when to expect the care workers and who they will be- usually varies between three different carers. Even when it has been new people they have all been great.*

*My main carer is very good, he understand me. I am shown respect and supported. He knows when I'm a bit bothered straight away. Care workers on a Sunday are "Pretty good".*

*Not linked to the ability of carer but to how I was taught - I prefer white care workers. I feel there is a difference between European and Asian/African care workers. I prefer European care workers. I feel I am treated more like a human being by a European carer. I have problems with African/Asian care workers. I feel they do not treat the user with as much respect/dignity as European care workers.*

*Always confident and at ease that when I went to dialysis (0630 - 1700) that my wife would be well looked after by care workers.*

*I am able to speak to the manager if I have any worries. This only happened once when no one turned up for their shift and the manager came to my house to apologize.*

However even with a high level of satisfaction with their care workers, some users highlighted several instances where things had not gone so well with the care worker and this left the users feeling upset, angry and disappointed with the service.

*I had to remind care workers of how people would like to be spoken to. On one occasion the care worker was an hour late and I commented light-heartedly 'Running a bit late today?' The care worker replied no 'I was just taking it easy'. I felt this was unacceptable.*

*The general attitude of staff is offhand in dealing with older people. There is a tendency to underestimate what people are capable of.*

*One care worker banged on the door very loudly and when I did not answer straightaway he/she banged the door again. Once the door was opened the care worker walked straight past me, sat down, made notes and was out the door again in three minutes.*

*My other care worker who comes when the regular care worker is unavailable is not interested in the job. He feels the work is beneath him. I recognise that care workers are badly paid and are not treated well by the agency and have a heavy workload. However, this does not make up for their lackadaisical attitude. Some care workers tell me 'horror stories' of caring for other clients, which concerns me.*

*Some care workers don't believe I have taken my pills. Sometimes there is a separate appointment just to make sure I have taken my pills. I believe that a good care worker would know that I wouldn't forget and that I am capable of self-medicating.*

*I feel that I am not shown respect and that the care worker tells me what to do. But I do like her as she likes me most of the time.*

*The care workers at the moment are not friendly to me and use the language barrier as an excuse as to why they don't talk to me. However, they are friendly and polite to my daughter who receives the care and they treat my daughter with respect and dignity.*

*The home carers don't relay information about my daughter's health to me. They simply tell the care company about it, meaning I have to wait before I hear the information.*

*The worst thing is that some of the care workers aren't as good as others - not so nice. Some of them are a bit miserable sometimes. But if you get one that's pretty horrible, usually there are a few people all say they don't want that care worker again and they generally move on.*

*I used to have somebody who was like a whirlwind and I couldn't stand it. I do feel sorry for people who can't speak up for themselves.*

*The midday carer makes me a sandwich, which I have for tea. I have to tell some of them how to make a sandwich the way I like it - for example, buttering the bread right to the edge. I'm actually paying quite a lot for that sandwich, so I want it right.*

*I don't like being called 'dear' or 'darling' - it's patronising.*

*If anyone's rude, I'll phone up and complain and I've found that gets things sorted. There have only been two carers I've asked the agency not to send again, and that was respected. I think others complained about those two as well as me.*

*The care workers I used to have didn't know what to do if I fell. My sons have a better idea than they did and that's just from listening to doctors talking. I needed an ambulance once while I had a carer here. He phoned up but then passed the phone to me to explain what was going on. He didn't know what a fit was.*

*Sometimes the care workers sat in the other room, I think, but I wasn't supposed to be left alone in case I had a fit. They didn't even say, "Good morning." They'd be talking on the phone, but not to me, and in a hurry to plug their laptops in. They'd talk in their language, which I don't understand although I asked them not to do that. They'd use my computer without asking me sometimes. I would leave things so I could tell if someone had touched it. They were liars. I never felt I could leave any money lying about when I had those care workers. I'd tell them if I caught somebody in the act, but I couldn't always tell who'd done what. I had some CDs go missing but I couldn't say which one did that. I didn't really get to say what the care workers did. I'd point out where somewhere was dirty but there always seemed to be a problem - like, they couldn't go up ladders and wouldn't pick litter up off the garden. Now I've moved away from the agencies, I'd say I get what I want 90% of the time. No one gets it right 100%. The social worker used to say, "We all make mistakes sometimes," but I got tired of hearing that. I don't mind agencies making money if they do the job right, but they don't. The care workers say their bosses are really tight, but I tell them they have to talk to their bosses about that - not me.*

*Friends and family visiting have previously coincided with a home care visit which has made me feel uncomfortable when gloves are being put on in the presence of family members, male ones particularly.*

*Previously clothes have been kicked out of the way by the care workers rather than being picked up and folded away. Although this is not a big issue, I don't like the attitude, which this sort of action evidences. I was a carer myself previously and remember being trained to not take negative feelings from a previous bad experience into someone else's home. There is need to empathise with the user. I am not convinced that all of the workers I see understand these points.*

*Under a year ago I requested an extension to the 30 minutes morning care because I felt it was rushed. This was immediately granted by social services. The first day of the new agreed time the care worker turned up 15 minutes late and was immediately rude. They thought they could easily provide the care in 30 minutes. I did not get any oxygen and felt worn out. My wife did not let that same care worker enter the next day. We feel like they we were treated with contempt.*

*First we had agency staff in, for one day and found them useless, they didn't know what they were doing. They were very young. Didn't spend enough time in the home. Tight timescales, someone who is dying doesn't want this. After this we got support from RBC following a GP request for end of life care. Support from care workers was great and they even came to funeral. Went the extra mile.*

*From the team of carers who came in all were very good except one who did nothing just sat there and told the other care worker what to do. Was the exception, when I complained to her colleague was told she was well known for that.*

*I have experience of Muslim female care staff at the hospital that have no issues providing care for men on the dialysis ward. Wanted to mention only fault I saw in the system was with a female Muslim care worker, who was due to provide care for both of us under our arrangements but would only provide care for my wife but would not provide care for me (non personal care. Care worker would speak to me but did not provide care; this occurred 4/5 times when she was rota'd to visit. When mentioned to another care staff colleague response was "not allowed to touch men".*

*More experienced staff are better as they are always a step ahead.*

*The care workers do the light housework but I am expected to pay someone to the main cleaning but I can't afford this with my budget.*

*I've spent a lot of time in hospital. The care workers tried to tell me what to do. I've seen on TV how badly care workers treat some people and I won't have that. I'd get my brothers down here.*

*They were rude, usually late and sometimes didn't turn up-they give no warning.*

*They couldn't fulfil their jobs-couldn't shave my husband's face as the care worker couldn't see the oxygen mask- they shouldn't have been given the job if they weren't capable to do it.*

*Care workers were rude towards the family. They accused the family of not looking after my daughter well enough. Care workers were not dressing my daughter in the correct clothes. They were too small. Care workers were not reading the care plan before arriving at the house. I had to tell them what to do*

*Temporary care workers are sometimes unhappy and that is reflected in the care they provide*

*When it has been snowing the service has been compromised, for example no showers. This is understood as it is a safety issue, but the attitude given when explaining this to the user is not welcome as it comes across as shirty and angry.*

*Most care workers are happy to follow my requests and instructions and don't take offence, but some don't listen so well.*

*Care workers from Council went the extra mile and always made sure pills were available, made sure I was comfortable. Pad changed always. No expense spared in terms of finance or commitment. Very person centred approach and asked me what I wanted and apologised if late, if more than 30 minutes late would call and let me know.*

In order to use this feedback to improve services we need to understand what is important to users in terms of the best outcomes for them. Even though most users were satisfied with their care, they all gave examples of ways things could be better and things that would mean their care was more than satisfactory.

Home care services are particularly valued when they support people to have more choices. Several people talked about being able to specify what they wanted to eat or how they liked their food to be prepared, for example. Checking details with the service user of how the service is delivered can also be very important. Examples of this include how loudly to knock at the door, how long to wait for a reply and how the service user is addressed (by their first name or by title and surname).

For some service users, their home care service plays an important part in avoiding them becoming very isolated, and some users will specify that they expect to be able to chat and get on with the person who visits. Several service users commented on how impressed they were with the way their carers were able to put them at ease whilst carrying out personal care. There were some particular themes which emerged from home care users' comments about their individual carers: a. the flexibility of care, b. the carers' professionalism and approach to users and c. appropriate handling of confidential information.

A. Flexibility is definitely a feature users are looking for in a home care service. Being able to prioritise the carer's time between tasks is important to service users. Examples were given of carers who've 'gone the extra mile' in various ways, e.g. night carers who turned off headlamps at the end of the drive so as not to disturb sleeping neighbours, and a carer who would regularly pick up a magazine for her clients. On the other hand, there were examples given of carers who stuck very rigidly to the care plan and refused to help with additional tasks such as picking up litter even if they seemed to have some spare time.

*I feel I get what I want from my home care services. My domestic changes the bed every other week and does what I say is my priority the rest of the time.*

*Home care service is the one I value the most, especially the continuity of it and the flexibility of the carers.*

*If care times need to be changed, I am happy that this wouldn't be an issue as the care agency is very flexible and accommodating. Four or five years ago, it was a right mess. However there is still an issue when both regular care workers are on holiday at the same time.*

*I like the flexible nature of the care service. Both care workers have moaned about the care plan suggesting that it is too rigid and therefore going downhill*

*Now the service is much better and has settled down. Primarily the service provides most things I need. The previous agency did the bare minimum. More services are provided by the new agency such as making the bed and putting stuff away. My wife (family carer) feels she can co-operate with the service now. I feel that agencies are paid to provide a service, so it should do better. It doesn't matter who is paying, whether it is social services or I. However we do not want to change agency now, as we are happy.*

*Schedule is not flexible. I feel I can only attend toilet facilities once or twice a day when a carer is present*

*The care workers try to do a good job but communication needs to improve. They need to let me know when care workers are going to change or if things are difficult.*

B. Many examples were given of carers who were kind, courteous and professional at all times. These carers left the service users feeling they were being genuinely cared for by people with a vocation for this sort of work and commitment to do their best. People need to have confidence in their home carers as they will be reliant on them to carry out essential tasks, and they need to be able to communicate effectively with their home carers.

Home carers need to receive adequate training to equip them to do their job. A lot of this is very practical, and the necessary skills are developed with experience. However, there were some examples of service users feeling that their carer should have been given more background information about a particular health condition to help them understand what was needed and how.

Carers who arrive looking untidy can make people doubt their professionalism. Carers who adopt an abrupt tone leave service users feeling unable to convey their wishes.

*I am worried about the quality of care I will receive when my condition deteriorates. At the moment I am getting check calls so can cope relatively well with the poor aspects of the service. However, in the future when I need more personal care I am worried about what kind of service I will receive.*

*Previous care workers for my husband were bad.*

- They expected me to have things prepared before they arrived, such as get the hot water ready to wash him (even though this was part of their job.)*
- Felt like I had little support-the only support I got was from the doctor.*

*Generally people that provide home care need a lot of training because it is a complex job. Reading Borough Council (RBC) is good at the training it seems, as there is a difference, a big difference, in quality between RBC and care agency staff. The main difference in the service is attitude and body language. In my view everyone is equal and the service should be on a give and take basis. So respect should be shared. People should be there to help, and I perceive some agencies to be too big and proud.*

*Previously used Reading council in-house care workers and encountered no problems.*

C. Service users expect information about their needs to be shared between professionals but not otherwise. There were several examples of information not being passed on to or between home care workers which then put responsibility back onto the service user or their family to fill in the gaps. On the other hand, there were examples of confidential information being passed between service users or shared within a wider community.

*When social services came to see me I felt their assessment was very slapdash and I re-wrote the case notes.*

*With the previous care agency, the home care workers would tell me about their other clients. This worried me as the other clients were most probably being told information about me.*

*Communication problems with the care agency, they were not telling me about issues about my daughter's health. Overall I would like to be treated with respect and to be informed about my daughter's health issues.*

*Had to change from my previous home care service as the carers were the same religion (Muslim) as the family and information about my wife's illness was being told to the rest of the community. I do not have this problem with the current home care service.*

*My other care worker who comes when the regular care worker is unavailable is not interested in the job. He feels the work is beneath him. I understand that care workers are badly paid and are not treated well by the agency and have a heavy workload. However, this does not make up for their lackadaisical attitude. Some carers tell me 'horror stories' of caring for other clients, which concerns me.*

*I value confidentiality- I never hear about other people, which means other people do not hear about me*

Overall, in order to understand how to improve care outcomes and give local people a good standard of living we tried to get a picture of what a good home care service looks like from the feedback we received. Various aspects of the service were mentioned when people were prompted to describe the best aspects.

*I don't sleep well, and I am so grateful for that 3am call to sit me up for a bit.*

*The shower calls aren't exactly enjoyable, but that help to get in and out of the shower means I can get properly clean.*

*I value the independence I can enjoy from having a bit of extra help to manage things around the home. I've had the same agency for 2 years and am happy with them.*

*Getting care via Social Services has made a difference. Now they always have time to do everything and are very professional.*

*Overall we are happy with the service*

*My 7am call is the longest one so it's my chance for a natter and I need someone who speaks good English. I tell the agency this.*

*I get the food I want now. Sometimes my sons bring me some Asian food at the weekend.*

People also raised a range of issues by way of examples of poor practice.

*I get angry when my food shopping is delivered by the care worker as I like nice fresh food such as fish and vegetables but all she gets in are microwave meals and I feel that the food is the care workers choice not mine.*

*And those carers were always telling me what to do. I got really confused. One of them said this was her house and she was just letting me stay here.*

*Most people are happy to follow my requests and instructions and don't take offence, but some don't listen so well.*

*I feel that the care workers are not aware that the individual is important.*

In order to achieve 'good care', communication also stood out as an important factor to achieve this. Most of the people we spoke to felt able to tell someone if they had cause for complaint. However, these were home care service users who had volunteered to be interviewed for this project so possibly more articulate and assertive than the average. Even so, the users we spoke to often felt a reluctance to complain - because the process for doing so wasn't clear, because they didn't want to lose the elements of the service they valued, or because they were just very accepting of "good enough".

*Most of the time, I get what I expect from services. If someone doesn't do things quite how I like but isn't bad enough for me to ask that they don't come again, though, and then I feel bad about complaining.*

*I feel that a lack of communication is a real issue with the service providers as I have never seen anyone assess my Father to see what is appropriate care and I have always had to get office details from the carer such as a telephone number or complaints procedure.*

*I am concerned about the new company taking over the agency as I can't find anything on the Internet.*

*I was worried that once six weeks were up I would not get any more time. The doctor reassured me it would happen. Once in place found there was no communication. RBC should send letters setting out what happens. It would be useful to know up front the whole process and what happens next or after period of planned care (both for intensive home care/support required for end of life care and in reablement as I was also left not really sure of what happened at end of 6 weeks). A sign off letter would be good after the 6-week reablement, i.e. what is next after reablement or if package has finished what the options are*

*When husband had to first make contact with services - it was very confusing to start with as there were so many numbers and different people to contact. He now has a list of names and numbers he can contact. Husband now has a personal budget for his wife which he hopes will give him more control e.g. he will not pay for care if they do not turn up.*

*Care agency does review - not sure how often. Is informed when the review will start and when the company will come. At the review meetings, not asked about issues relating to relationship/getting on with the care workers, but I would make a call if the situation needs to be reported, but I don't know if it would be acted upon*

*I used to have somebody who was like a whirlwind and I couldn't stand it. I do feel sorry for people who can't speak up for themselves.*

*If anyone's rude, I'll phone up and complain and I've found that gets things sorted. There have only been two carers I've asked the agency not to send again, and that was respected. I think others complained about those two as well as me.*

*It's horrible in hospital. Most of the nurses don't understand Parkinson's. Sometimes you can do things and sometimes you freeze up. There was one nurse used to tell me my usual drugs weren't on his list and then he'd find them later. I think he did it to agitate me. He knew how worried I was about missing the drugs I need. There was another agency nurse who tried to help me out of bed. I think she was supposed to have two people doing this but she tried to do it on her own and I slipped. She really banged her hip and it must have hurt but she called me a stupid fat cow. I know that's not right but you worry about complaining when you're in hospital.*

## Contact with other people and services

Amongst the people interviewed, there were wide variations in how much contact people had besides seeing their home carers. Some people were getting out and/or having at least two to three visitors plus phone contact with others on a daily basis. At the other extreme, there were people who often spoke to nobody else but their home carers.

People also differed a great deal in how much social contact they wanted. Some people were very focused on getting as comfortable as they could at home, and quite content with solitary hobbies such as watching television or researching topics of interest. Others found it hard to be limited in what they could take part in, and spoke frankly about their feelings of frustration and loneliness. The difference between people in this respect seemed to be based on how much social contact they had been used to before becoming ill or frail.

People who had regular contact with family members usually valued that most, and family visits were often chosen as the high point of people's weeks. The next most popular 'high points' were attendance at faith groups, and outings using Readibus. People spoke highly of the Readibus staff, picking out their patience, courtesy and attentiveness. Several people also mentioned going shopping as something they enjoyed, and staff at Marks & Spencer and John Lewis were noted for being the most helpful to people with disabilities.

People who had Internet access and were comfortable using a computer at home tended to be the most satisfied with how well informed they were about local opportunities and activities. They were generally the least interested in taking further information from the interviewers. Other people relied on local newspapers or information leaflets from various organisations, and some were very dependent on professionals to recommend other services, which might be relevant for them.

Several people were interested in getting out more but nervous about what their limits were because of their physical condition. Levels of anxiety weren't obviously related to the severity of users' health issues, however. Nervousness was often felt most keenly by people who got out very infrequently so hadn't a strong sense of how much they were capable of or what support they might need.

Home Care supports some of the most vulnerable and isolated people in our community to manage their daily lives. This first phase of the project has highlighted strong themes that can be used to guide providers to be able to provide a better service to their users. This can have a significant impact on the mental and physical wellbeing of the users and those around them. It supports them to feel happier, more confident and maintain their lifestyle, increasing not only their quality of life but also of those around them.

## Appendix I: Profiles of the service users interviewed for Phase I and of the overall home care user population known to RBC.

The total number of people receiving Home Care in Reading is 747. This piece of research uses qualitative data and therefore will use a smaller sample size in order to gather feedback. However in order to ensure that we are representing the population of users and are limiting our margin of error in terms of mapping trends, a sample size of 45 (approximately 5% of all users) was determined as an adequate sample size. Therefore for the Phase 1 report we mapped the results at the halfway point. At this stage 23 people using or who had used home care services were interviewed over the period 26<sup>th</sup> July to 9<sup>th</sup> November 2012.

### Age

Phase I interviewees' ages ranged from 25 to over 85, with 48% (11) users aged under 65 and 52% (12) users aged 65 or over. This makes the interview group generally younger than the overall RBC home care users population, 80% of which is over 65.

### Gender

Approximately equal numbers of male and female service users were interviewed - 48% (11) men and 52% (12) women. This means that men were slightly over represented in this sample as they make up just around one third of RBC's overall home care user population.

### Ethnicity

78% (18) of the users interviewed were White British whilst 22% (5) belong to minority ethnic groups. This makes the interview group slightly more ethnically diverse than the overall group of people who have home care services arranged by RBC, 95% of which is White British.

### Length of time using home care

Approximately one third of the users interviewed (8 people) had been receiving home care services for less than one year. The next third (7 people) had been receiving services for between one and four years, and the final third (8 people) had been receiving services for more than four years. Within the overall group of home care service users, 29% have been using services for up to a year, 36% between one and four years, and 35% for more than four years.

Length of Time	Service Users Interviewed	Total Service Users
Less than 1 year	8	213
1-2 years	4	120
2-3 years	1	149
3-4 years	2	0
4-5 years	4	136
5-6 years	2	0
6-7 years	1	129
More than 7 years	1	0
Total	23	747

### Number of visits and total care hours per week

The number of home care visits individual users were receiving each week ranged from 3 to 31. The average number of weekly visits was 16, which is slightly higher than the average across the total home care user population (12 visits per week).

8 people received fewer than 10 visits per week, 6 people received between 11 and 20 visits per week and 9 people received more than 20 visits per week.

Number of home care visits/week	Service Users Interviewed	Total Service Users
<b>Average/week</b>	16	12.1 visits
<b>Number of visits/week = Less than 10</b>	8	343
<b>Number of visits/week = 10 to 20</b>	6	297
<b>Number of visits/week = 20+</b>	9	107
<b>Total Clients</b>	23	747

The total support time individuals were expected to receive from their home care package ranged from 2.5 to 20.5 hours per week, with the average being 8.34 hours a week. 12 people received on average 5 hours of home care service per week, 10 people received on average 12 hours per week, and 1 person received 20.5 hours of home care service per week. This broadly reflects the spread of carer contact time expected across the whole home care user population.

Length of Time	Service Users Interviewed	Length of Time	Total Service Users
<b>Most Shortest: 0-7 hours</b>	12	<b>Under 5 hours</b>	262
<b>Most Longest: 8-20 hours</b>	10	<b>5 to 10 hours</b>	339
<b>Longest: over 20 hours</b>	1	<b>10 to 19 hours</b>	133
		<b>20 + hours</b>	13
<b>Total</b>	23		747

None of the service users interviewed here were responsible for the full cost of their home care services. All were receiving some funding from Adult Social Care, although a third were also making a contribution towards their care costs themselves. The breakdown between full funders, part funders and nil contributors across the whole home care service user group is 23% full funders; 47% part funders; 30% nil contributors.